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*JUN 24 2005*

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27975 7590 04/22/2005

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06/27/2005 MBERHE1 00000136 09506158

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<i>Justin Gore</i>	
<i>Justin Gore</i>	
<i>June 22, 2005</i>	
(Depositor's name)	(Signature)
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09506158	02/17/2000	Pierre-Yvan Liardet	98R021054169	6798

TITLE OF INVENTION: CIRCUIT AND METHOD FOR THE SECURING OF A COPROCESSOR DEDICATED TO CRYPTOGRAPHY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JUNG, DAVID YIUK	2134	713-190000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. LISA K. JORGENSEN;	2. ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMICROELECTRONICS SA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GENTILLY, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0484 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date June 22, 2005

Typed or printed name

CHRISTOPHER F. REGAN

Registration No. 34,906

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